☐ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below.

FEE ONLY

AMENDED CLAIMS

	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	38	MINUS 34 =	4	x $18.00 (1202) =	$72.00
Independent Claims	4	MINUS 4 =	0	x $88.00 (1201) =	$0.00
If Amendment adds multiple dependent claims, add $300.00 (1203)					
Total Claim Amendment Fee					$72.00
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					$0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					**$72.00**

☐ A check in the amount of _____ is enclosed for the fee due.

☒ Charge ___$72.00___ to Deposit Account No. 02-4800.

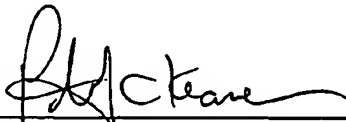☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

Date: October 25, 2004

By _____
Patrick C. Keane
Registration No. 32,858

11/03/2004 LSPRUELL 00000002 024800 10070720

01 FC:1202   72.00 DA

PATENT APPLICATION FE DETERMINATION RECORD Effective O or 1, 2001	Application or Docket Number 290739

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20=	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	1040
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	1040

CLAIMS AS AMENDED - PART II

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 16	Minus	** 20	=
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 34	Minus	** 20	= 14
Independent	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	252 00
X42=		OR	X84=	86 00
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	338 00

pd.

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 38	Minus	** 34	= 4
Independent	* 4	Minus	*** 4	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	72 00
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	72 00

pd.

2-5-04

10-25-04

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.